PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | | | 100/582652 | | | |
|---|--|---|------------------|-------------------------------------|------------------|-------------------|-------|--|------------------------|-------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | |
| U.S. NATIONAL STAGE FEES | | | | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | | | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | | | SEARCH FEE | | 1 | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | | X \$ 125/= | | 1 | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 3 minus 20 = • 1 | | | 5 | 1 | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | minus 3 = . A | | | 9 | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | | OR | TOTAL | 900 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | • | SMALL E | NTITY | OR | OTHER SMALL E | |
| AMENDMENTA | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMBI PREVIOL PAID F | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total . | . * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | • | | | | . , | _ | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| | · | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMBI PREVIOL PAID F | ST ER JSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| AMENI | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FFF | | ÓR | TOTAL ADDIT. FFF | ٠. |
| | | | • | | | | | | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". | | | | | | | | | | | | |
| | The "Highest Nu | mber Previously Pale | For (Total or In | dependent) is | the high | nest number found | ln th | e appropriate box | in column 1 | i. | | |